Approved for use through 7/31/2006, CMB 0651-0032 PTO/S8/06 (12-04)

Under the Papernor's Reduction Act of 1995, no persons are required to respond to a collection of information enters 8 displays 8 yald CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-675 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (1) BASIC FEE FEE (1) RATE (1) (37 CFR 1 10(0), [N. 0 (C)) N/A FEE (8) N/A N/A 150.00 SEARCH FEE NIA 300.00 NA (37 CFR 1 16(N. (1), or (m)) NA \$250 NIA **EXAMINATION FEE** \$500 (37 CFR 1 16(0). (p). or (q)) 'N/A NA **\$100** TOTAL CLAIMS NIA \$200 (37 OFR 1 16(0) minus 20 e X\$ 25 X\$50 INDEPENDENT CLAIMS OR. (37 OFR 1 16(N)) minus 3 a X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 OFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) +180= +360± If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING Ø NUMBER PRESENT RATE (\$) ADDI-AFTER RATE (\$) PREVIOUSLY **EXTRA** ADOI-AMENDMENT TIONAL PAID FOR TIONAL FEE (S) ū Total Minus FEE (1) ENDM X\$ 25 X\$50 Independent DI CFR 1.14hiji OR = Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16@) +180= +360= QR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CL AUMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) AFTER ADO: **PREVIOUSLY** RATE (\$) **EXTRA** ADDI-AMENDMENT TIONAL PAID FOR TIONAL Total GTCFR 1.16(III FEE (5) FEE (S) Minus AMENDM X\$ 25 . X\$50 ladependent Of CFR 1.18(h)). OR Minus X100 X200 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(0)) +180= +360= OR TOTAL TOTAL OR . ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ADD'L FEE If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20". If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the SPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, studing pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent d Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS IORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.